

AR1000A

Amended Individual Income Tax Return

FULL YEAR RESIDENTS AMENDING TAX YEAR 2002

2002

OR FISCAL YEAR ENDING _____ 20 ____

FOR OFFICE USE ONLY	File Date ●	Amount Paid ●	Your Social Security Number ●
First Name(s) and Initial(s) <i>(List both if applicable)</i> ●		Last Name ●	Spouse's Social Security Number ●
Present Address <i>(Number and Street, Apartment Number or Rural Route)</i> ●			Preparer's Identification Number ●
City, Town or Post Office, State and Zip Code ●		Telephone Numbers Home: _____ Work: _____	

CHECK ONLY ONE BOX:

1. ☐ SINGLE *(Or widowed before 2002 or divorced at end of 2002)*

2. ☐ MARRIED FILING JOINT *(Even if only one had income)*

3. ☐ HEAD OF HOUSEHOLD *(See Instructions)*

If the qualifying person is your child but not your dependent,
enter this child's name here: _____

4. ☐ MARRIED FILING SEPARATELY ON THE SAME RETURN

5. ☐ MARRIED FILING SEPARATELY ON DIFFERENT RETURNS

Enter spouse's name here and SSN above _____

6. ☐ QUALIFYING WIDOW(ER) with dependent child.
Year spouse died: *(See Instructions)* _____

<p>7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER)</p> <p><input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF</p> <p>7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> _____</p> <p>7C. First name of developmentally disabled individual(s): <i>(See Instr.)</i> _____</p> <p>7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B and 7C. Enter total here and on Line 18)</i> _____ 7D</p>	<p><input type="checkbox"/> X \$20 = _____ 00</p> <p><input type="checkbox"/> X \$20 = _____ 00</p> <p><input type="checkbox"/> X \$500 = _____ 00</p>
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Has your tax return been adjusted by the IRS? If yes, attach reports. ☐ Yes ☐ No

INCOME	PART 1: ORIGINAL					PART 2: AMENDED			
	A. YOURS		B. SPOUSE'S			A. YOURS		B. SPOUSE'S	
8. Total Income: 8	00	00	8	00		00	00	00	
9. Adjustments to Income: 9	00	00	9	00		00	00	00	
10. Adjusted Gross Income: 10	00	00	10	00		00	00	00	
11. Itemized/Standard Deductions: 11	00	00	11	00		00	00	00	
12. Net Taxable Income: 12	00	00	12	00		00	00	00	
TAX COMPUTATION						A. YOURS		B. SPOUSE'S	
13. Select tax table: <i>(Enter tax from table)</i> 13						00	00	00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> LOW INCOME Table 1 </div> <div style="width: 45%;"> <input type="checkbox"/> REGULAR Table 2 </div> </div>									
14. Tax: <i>(Enter total from Lines 13A and 13B)</i> 14						00	00	00	
15. Enter tax from ten (10) year averaging schedule: <i>(Attach AR1000TD)</i> 15						00	00	00	
16. IRA and qualified plan withdrawal and overpayment penalties: <i>(Attach Fed. Form 5329 if required)</i> 16						00	00	00	
17. Total Tax: <i>(Add Lines 14 through 16. Enter here)</i> 17						00	00	00	
TAX CREDITS									
18. Personal Tax Credit(s): <i>(Enter total from Line 7D)</i> 18						00			
19. Working Taxpayer Credit: <i>(See Instructions. Attach AR1328)</i> 19						00			
20. State Political Contributions Credit: <i>(Attach Schedule)</i> 20						00			
21. Other State Tax Credit(s): <i>{Attach copy of other State return(s)}</i> 21						00			
22. Child Care Credit(s): <i>(Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed)</i> 22						00			
23. Credit for Adoption Expenses: <i>(Attach Form AR8839)</i> 23						00			
24. Phenylketonuria Disorder Credit: <i>(See Instructions, Attach AR1113)</i> 24						00			
25. Business and Incentive Tax Credits: <i>(Attach Schedule and Certificate)</i> 25						00			
26. TOTAL CREDITS: <i>(Add Lines 18 through 25)</i> 26						00	00	00	
27. NET TAX: <i>(Subtract Line 26 from Line 17. Enter here)</i> 27						00	00	00	

28. NET TAX: (From Line 27)		28		00
PAYMENTS				
29. Arkansas Income Tax withheld:		29		00
30. Estimated tax paid or credit brought forward from last year:		30		00
31. Early childhood program: Certification No.: _____ (Attach Federal Form 2441 or 1040A, Sch. 2 and Certification Form AR1000EC; 20% of Federal credit allowed)		31		00
32. Amount Paid with Return:		32		00
33. Amount Paid after Return was filed:		33		00
34. TOTAL PAID: (Add Lines 29 through 33. Enter here)		34		00
35. Enter prior Overpayment/Refund/Estimate carried forward:		35		00
36. TOTAL PAYMENTS: (Subtract Line 35 from Line 34. Enter here)		36		00
REFUND OR TAX DUE				
37. AMOUNT TO BE REFUNDED TO YOU: (If Line 36 is greater than Line 28, enter the difference here)		37		00
38. AMOUNT DUE: (If Line 28 is greater than Line 36, enter the difference here).		38		00
PLEASE SIGN HERE				
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature		Occupation	Date	
Spouse's Signature		Occupation	Date	
Paid Preparer's Signature		ID Number/SSN	Date	
Firm Name (Or yours, if self employed)		Telephone	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City, State, Zip	Mail to: Amended Tax Group P. O. Box 3628 Little Rock, AR 72203	
EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS, AND CREDITS: Enter the line number from the front or back of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1000A may be returned. Be sure to include your name and social security number on any attachments.				